Ur	ndar the Paperwo		of 1995, po		ired to respond						
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unle									Application or Docket Number		
CLAIMS AS FILED – PART I (Column 1) (Column						SM	SMALL ENTITY			OTHEI SMALL	R THAN ENTITY
FOR		NUMB	ER FILED	NUMBI	ER EXTRA	RATI	E.	FEE		RATE	555
BASIC FEE (37 CFR 1.16(a))		يد د د د سيا						\$	OR		FEE
TOTAL CLAIMS 37 CFR 1.16(c))			minus 20	ĵ = ·		× \$	=		OR	x \$ =	
NDEPENDENT CLAIMS 37 CFR 1.16(b))		MS ·	minus 3				=		OR ·	x \$ =	
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d))						× \$	<u>-</u>		OR .		
	The second second						-	•		+\$=	
If the difference in column 1 is less than zero, enter "0" in column 2.							L		OR	TOTAL	L
	·.· : Cl	_AIMS AS AM	ENDED	– PART II			<i>:</i>				
	$\gamma_{i,j} = \frac{(i+j)^{i+j}}{(i+j)^{i+j}}$ (Column 1) $\varphi_{i,j} = \frac{(Column 2)}{(Column 3)}$					SM/	SMALL ENTITY			OR OTHER THAN SMALL ENTITY	
ENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE		ADDI- TIONAL FEE		RATE	ADD TION/ FEE
)ME	Total (37 CFR 1.16(c))	. •	Minus	**	=	× \$	_ =		OR	× \$=	
AMENDMENT	Independent (37 CFR 1.16(b))	ي ن	Minus	- 444	=	× \$	_=		OR	x \$ =	
A	FIRST PRESENT	ATION OF MULTIPL	.E DEPEND	ENT CLAIM (37 CF	R 1.16(d))	+ \$	_		OR -	-+ s · · ·= ·	
		· · ·	1,1%			TOTAL ADD'L F			OR	TOTAL · ADD'L FEE	
		(Column 1)	r	(Column 2)	(Column 3)					·: ·	,
-NT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	. PRESENT EXTRA	RATE		ADDI- TIONAL FEE		RATE	ADD TION/ FEE
	Total (37 CFR 1.16(c))	13	Minus	20	=	× \$	_ =		OR	x \$=	
AMENDMENT	Independent (37 CFR 1.16(b))	• /	Minus	3	=	× \$	_=		OR	x \$ =	
⋛	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))								OR .	+\$ =	
						TOTAL ADD'L F	FF I		OR	TOTAL ADD'L FEE	
		(Column 1)		fi (Column 2)	(Column 3)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	[Oit	NODETEL	<u> </u>
S		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE		ADDI- TIONAL		RATE	ADD TION/ FEE
NOMEN	Total (37 CFR 1.16(c))	•	Minus	**	=	x \$	_ =.		OR	× s=	
	Independent (37 CFR 1.16(b))	•	Minus .f.	•••	=	× \$	_		OP	x	

• If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))

- ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".

 *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".

 The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

TOTAL

ADD'L FEE

OR

OR

TOTAL

ADD'L FEE